

**Lake County Department of Job and Family Services  
Lake County Employment and Training Division  
Youth Application and Objective Assessment**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Message Phone # \_\_\_\_\_

Gender: \_\_\_\_\_ Current Age: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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**Instructions**

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**NOTE: All sections of the application must be completed for the candidate to be considered.**

If you are living with your parents, please have your parent or legal guardian provide information about household income if you do not have it. You must also provide copies of documents proving your household income, residency, citizenship, birth date, Social Security Number, and certain other items. Please see pages 10 and 11 for more information.

\* The list on page 11 of eligibility documents is a list of examples of acceptable documents. You do not need to provide all documents listed for each item.

\* If you acknowledge a **DISABILITY**, the form on page 12 must be signed by a professional involved in the diagnosis/treatment of the disability. The signed form must be returned to Lake County Employment and Training Division with the other required documents.

\* Youth who have an **Individual Education Plan**; an **Individual Career Plan**; and/or a **Career Passport** should enclose a copy with this questionnaire.

Please mail or drop off the completed questionnaire and all copies to:

Lake County Department of Job and Family Services  
Lake County Employment and Training Division  
177 Main Street  
Painesville, OH 44077  
Attn: Matt Myers

If you have any questions about this form or the documentation required, please call Matt Myers at (440) 350-2494 or (440) 918-2494. Thank you.

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## Basic Skills and Education

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- Are you a student? \_\_\_\_\_ Yes \_\_\_\_\_ No

### IF YOU ARE A STUDENT:

- What level of school? \_\_\_\_\_ Middle School (6<sup>th</sup> – 8<sup>th</sup>) \_\_\_\_\_ High School (9<sup>th</sup> – 12<sup>th</sup>)  
\_\_\_\_\_ Other (Alternative School, Vocational School or College Level)
- Are you home schooled? \_\_\_\_\_ Yes \_\_\_\_\_ No
- School name \_\_\_\_\_ Current grade \_\_\_\_\_

- Do you have:

*If so, please enclose a copy with your application.*

- An Individual Education Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No
- An Individual Career Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No
- A Career Passport? \_\_\_\_\_ Yes \_\_\_\_\_ No

### IF YOU ARE NOT A STUDENT:

- Did you graduate from high school? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - School name \_\_\_\_\_ Month/year of graduation \_\_\_\_\_
- If you did not graduate:
  - Last grade you completed \_\_\_\_\_ Month/year when you left school \_\_\_\_\_
  - Name and city of last school you attended \_\_\_\_\_
  - Why did you leave your previous school? \_\_\_\_\_
- Are you enrolled in classes to get your GED? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Where are you attending a GED program? \_\_\_\_\_
  - Month/year started GED classes or program \_\_\_\_\_
  - When do you plan to take the GED test? \_\_\_\_\_

**(If you are not a student now, answer the following questions based on when you were in school.)**

- What is your best subject in school? \_\_\_\_\_
  - What did you enjoy about that subject? \_\_\_\_\_
- What is your weakest subject in school? \_\_\_\_\_
  - What did you not enjoy about this subject? \_\_\_\_\_
- Have you ever taken the TABE? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Were you Basic Skills Proficient? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Are you required to take the Ohio Graduation Test (OGT)? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - If you have passed any of the sections of the Ohio Graduation Test, enter the month and year when you passed that particular section:
    - \* Writing \_\_\_\_\_
    - \* Citizenship \_\_\_\_\_
    - \* Science \_\_\_\_\_
    - \* Reading \_\_\_\_\_
    - \* Math \_\_\_\_\_

- Do you plan to go to college? \_\_\_\_\_ Yes \_\_\_\_\_ No
 

If “yes”:

  - Where would you like to enroll and attend? \_\_\_\_\_
  - What degree do you plan to pursue (associates, bachelors)? \_\_\_\_\_
  - What will you potentially major in? \_\_\_\_\_
  - Why are you interested in this field? Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**-OR-**

- Do you plan to enroll in a Secondary Education training or vocational program in the future? \_\_\_\_\_ Yes \_\_\_\_\_ No
 

If “yes”:

  - School name \_\_\_\_\_
  - Type of program \_\_\_\_\_
  - Month/year when you plan to start program \_\_\_\_\_
- Are you in any special academic classes at your school or receiving special assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No
 

If “yes”, please explain:

\_\_\_\_\_

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\_\_\_\_\_

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## Occupational Skills and Employability

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- Have you ever held a job or have any type of work experience? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Have you ever received training for a job or work readiness assistance? If so please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Have you worked in a Summer Youth Program or been involved in a Year Round Youth Program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If “yes”, please explain your experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Have you ever quit or been terminated from a job? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If “yes”, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What job do you want as your long-term career? \_\_\_\_\_  
\_\_\_\_\_
- Why do you want that career? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What do you consider are your strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What would you consider are your weaknesses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever done any of the following things?

- Filled out a job application? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Written a resume? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Written a cover letter to send to an employer with your resume? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Gone on a job interview? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Have you ever used a computer or other office equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Please list all computer skills or certifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Work History

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If you are working or *have* worked in the past, complete the work history section below.

(List Most Recent Job First - Include Summer Youth Program Jobs)

**Job #1**

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

Hours per Week \_\_\_\_\_ Pay Rate \_\_\_\_\_

Start Date (month and year) \_\_\_\_\_ End Date (month and year) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

What I Liked Most About This Job: \_\_\_\_\_

\_\_\_\_\_

What I Liked Least About This Job: \_\_\_\_\_

\_\_\_\_\_

**Job #2**

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

Hours per Week \_\_\_\_\_ Pay Rate \_\_\_\_\_

Start Date (month and year) \_\_\_\_\_ End Date (month and year) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

What I Liked Most About This Job: \_\_\_\_\_

\_\_\_\_\_

What I Liked Least About This Job: \_\_\_\_\_

\_\_\_\_\_

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## Interests and Aptitudes

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- Do you enjoy being around people or prefer being alone? \_\_\_\_\_
- What extracurricular activities or clubs are you involved in? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What are your hobbies? \_\_\_\_\_  
\_\_\_\_\_
- What do you consider yourself good at? \_\_\_\_\_
- Are you artistic or creative? Please explain: \_\_\_\_\_  
\_\_\_\_\_
- Do you like mathematics? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do you like to read? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do you like to write? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do you play a musical instrument? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If “yes”, please list: \_\_\_\_\_
- Do you consider yourself to be a leader or have leadership qualities? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If, in the future, you could do or be anything, what would it be or what would you do?  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have a goal in life? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If “yes”, explain your goal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How do you plan to meet this goal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Is there anything in your life right now that is preventing you from meeting this goal? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If “yes”, what is it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Supportive Services Information

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*Answers to these questions will help Lake County ETD help you. The information on this page is confidential and will only be seen by the Lake County Employment Counselor staff. This information will not be released to other agencies unless you/your parent sign a written release form.*

- Do you have a physical, mental, or emotional condition that affects your ability to work, hold a job, or go to school (this includes learning disabilities)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes”, please explain:

- What is the condition? \_\_\_\_\_
- What limitations, if any, are there on the kind of work you can do? \_\_\_\_\_

- Is the disability (check one): \_\_\_\_\_ Total \_\_\_\_\_ Partial
- Is the disability (check one): \_\_\_\_\_ Temporary \_\_\_\_\_ Permanent

- What medications, if any, do you take that could interfere with work or school? \_\_\_\_\_

- Do you have a treatment schedule that could interfere with work or school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes”, please explain: \_\_\_\_\_

- Do you wish to request any accommodation(s) for your condition? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes”, please explain: \_\_\_\_\_

- Do you now, or have you ever had, problems with alcohol or drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes”, did you receive, or are you receiving, treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Do you have any problem with getting medical care? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Do you receive services from any of the following agencies? If so, please name your contact person at the agency:

- Catholic Charities \_\_\_\_\_
- Crossroads \_\_\_\_\_
- Lake County Dept. of Job & Family Services \_\_\_\_\_
- Lake County MR/DD Board \_\_\_\_\_
- Neighboring \_\_\_\_\_
- Pathways \_\_\_\_\_
- Ohio Rehabilitation Services, Bureau of Vocational Rehabilitation \_\_\_\_\_
- Other service agency (name?) \_\_\_\_\_

- Do you want more information about social/human services available in Lake County? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Are you pregnant, or do you have a pregnant partner? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do you have children of your own living with you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes”:

- How many children and what are their ages? \_\_\_\_\_

- Who presently cares, or will care, for your child(ren) when you are at work or school? \_\_\_\_\_

- Will you need to pay for a sitter or day care to work or attend school? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Are you the parent of children who live in another household? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes” How many children and what are their ages? \_\_\_\_\_

- Who do you (and your children, if applicable) live with?

\_\_\_\_\_ Two parents, or parent and stepparent \_\_\_\_\_ Friend(s) or partner

\_\_\_\_\_ One parent \_\_\_\_\_ Foster family

\_\_\_\_\_ Other relative(s) \_\_\_\_\_ Group home

\_\_\_\_\_ Spouse \_\_\_\_\_ Live alone

\_\_\_\_\_ Other (please explain): \_\_\_\_\_

- Have you lived in the same place for the past year? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Is having a place to live a problem for you? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Does your household get help from the Lake Metropolitan Housing Authority? \_\_\_\_\_ Yes \_\_\_\_\_ No

- What transportation do you have to get to work or other locations?

\_\_\_\_\_ Drive yourself \_\_\_\_\_ Walk \_\_\_\_\_ LakeTran/other public transportation

\_\_\_\_\_ Family/friends will drive \_\_\_\_\_ Bicycle

- Do you have a driver’s license? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Do you have a reliable car, or access to one? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Have you ever ridden LakeTran? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Have you ever been to Juvenile Court? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes”, for what charge(s)? \_\_\_\_\_

- Were you convicted? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Have you ever been charged or convicted in court with a crime as an adult? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes”, for what charge(s)? \_\_\_\_\_

- Have you ever spent time in a juvenile detention center or a jail? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Are you on probation now? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes”, what are the names of the court and your probation officer? \_\_\_\_\_

- Do you have a pending court date? \_\_\_\_\_ Yes \_\_\_\_\_ No



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## Developmental Needs

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- **COMMUNICATION:**

**YES****NO****SOMEWHAT**

I have people who I consider friends

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I know how to ask for help if I need it

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I know how to communicate with others appropriately

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I have volunteered or participated in community service

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- **LIVING:**

I can make a meal for myself

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I know how to keep my room or house clean

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I can get myself up in the morning

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I know how to write a check

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I know how to read a utility bill

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I know how to create a budget

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I know how to use emergency services (i.e. 911)

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I know my social security number and the location of my card

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I know where my birth certificate is located

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- **HEALTH:**

I know how to prevent pregnancy

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I have a family doctor or dentist

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I understand the effects of drugs and alcohol on the body

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I refrain from being in violent or abusive relationships

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- **CITIZENSHIP:**

I am a registered voter

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I passed the social studies section of the OGT

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I know where my voting/poll location is

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I can name the current President of the United States

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- **Please list, describe, or explain anything else that can help us assist you and your needs:**

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## Eligibility

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Please answer all questions to the best of your ability and have your parent or legal guardian complete portions you may not be able to answer.

The eligibility determination period is six months prior to application. You must submit photocopies of proof of all income (earned and unearned) for all family members (related to you by blood or marriage) in the household for that six-month period. "Family " means:

- Husband, wife, and dependent children
  - Parent and dependent children
    - Husband and wife

You must also provide photocopies of the following:

- Proof of residency
- Proof of citizenship
- Proof of birth date
- Proof of Social Security Number
- If a foster child, proof of foster child status
- If a school dropout, proof of official withdrawal from school
- If pregnant or parenting, proof of pregnant/parenting status

**A list with examples of acceptable documentation is attached.**

Youth acknowledging a disability need to have a Disability Certification Form completed by a certifying official at the school, agency, or practice that is able to document the disability. A copy of this form is attached (page 11).

- Does your family receive cash welfare - OWF? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does your family receive food stamps? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are you a United States citizen or a resident alien authorized to work in the United States?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- (For males age 18 and over) Are you registered with the Selective Service (DRAFT)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list each family member living in your household during the past six months and their income

Name	Relationship to You	Gross Weekly Income	Income Source

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## General Eligibility Documentation

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**Proof of Residency:**

- Current utility bill
- Current piece of mail with cancelled postmark
- Current rent receipt, if address is written on receipt
- Current TANF medical card

**Proof of Citizenship:**

- (For in-school youth under 18 years of age who have no photo ID) Current year report card
- (For youth 18 years of age and older) A photo ID card

**Proof of Birth Date:**

- Birth certificate
- Baptismal certificate with date and place of birth entered
- Hospital record
- Passport

**Proof of Social Security Number**

- Social Security card or letter of verification from Social Security office

**Proof of Household Income (for all applicable income sources):**

- Current pay stubs for all family members who are working
- Statement of gross wages from employer
- Unemployment compensation verification form showing benefit amount
- Public assistance records (acceptance letter or computer printout)
- Social Security statement or printout showing Social Security income
- (Only if no income and family lives off savings) Savings passbooks or bank statements

**Proof of Foster Child Status:**

- Court documentation
- Written statement from local or state agency
- Current medical card

**Proof of Dropout Status:**

- Official withdrawal slip

**Proof of Pregnant/Parenting Status:**

- Child's birth certificate
- Statement from social services agency
- Medical card

**LAKE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES  
LAKE COUNTY EMPLOYMENT AND TRAINING DIVISION  
DISABILITY CERTIFICATION**

I hereby give \_\_\_\_\_ permission to complete the disability certification below and release the certification to the Lake County Employment and Training Division (ETD). I understand that Lake County ETD will use this information solely for the purpose of determining eligibility for the Workforce Investment Act, and for related record keeping and affirmative action requirements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**THE FOLLOWING TO BE COMPLETED BY CERTIFYING PROFESSIONAL**

I hereby certify that \_\_\_\_\_ is an individual who has a physical or mental impairment which substantially limits one or more of such person's major life activities; has a record of such impairment; or is regarded as having such an impairment; which for such individual constitutes or results in a substantial handicap to employment, as determined in accordance with the "Definitions of Key Terms" below. I further certify that the applicant's disability can be substantiated by records maintained by this agency/practice/school.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Agency/School (if applicable)

\_\_\_\_\_  
Date

**DEFINITIONS OF KEY TERMS**

**Physical or Mental Impairment:** Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine; OR any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities. Includes, but is not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular illness; specific learning disabilities; HIV disease (whether symptomatic or asymptomatic); tuberculosis; drug addiction and alcoholism if currently in recovery.

**Major Life Functions:** Functions such as caring for one's self; performing manual tasks; walking; seeing; hearing; speaking; breathing; learning; and working.

**Substantial Handicap to Employment:** A loss of occupational choices of a class or group of jobs due to the disability; i.e., significant diminishment of occupational choices.